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CONFIRMATION NO. 5378

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|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/053,858 | FILING DATE<br>01/19/2002<br><br>RULE | CLASS<br>327 | GROUP ART UNIT<br>2816 | ATTORNEY<br>DOCKET NO.<br>P05100 |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|

APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *NONE TDC*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE TDC*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 02/19/2002

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>TDC</i> | STATE OR<br>COUNTRY<br>CO | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>33 | INDEPENDENT<br>CLAIMS<br>3 |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged  
 Examiner's Signature Initials

ADDRESS  
 Docket Clerk  
 P.O. Drawer 800889  
 Dallas , TX  
 75380

TITLE  
 System for adjusting a power supply level of a digital processing component and method of operating the same

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1104 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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